



Complete Summary

TITLE

Chronic obstructive pulmonary disease (COPD): percentage of members 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of health plan members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.

RATIONALE

Chronic obstructive pulmonary disease (COPD) is a major cause of chronic morbidity and mortality throughout the world and in the United States. COPD

defines a group of diseases characterized by airflow obstruction, and includes chronic bronchitis and emphysema. Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life. COPD afflicts nearly 16 million adults in the United States. COPD is the fourth leading cause of death in the United States, and is projected to move to third place by 2020.

Spirometry is a simple test that measures the amount of air a person can breathe out and the amount of time it takes to do so. Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity. Though several scientific guidelines and specialty societies recommend use of spirometry testing to confirm COPD diagnosis and determine severity of airflow limitation, spirometry tests are largely underutilized.

PRIMARY CLINICAL COMPONENT

Chronic obstructive pulmonary disease (COPD); spirometry testing

DENOMINATOR DESCRIPTION

Health plan members 42 years of age or older as of December 31 of the measurement year, with a Negative Diagnosis History, with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

At least one claim/encounter with spirometry testing in the 730 days (2 years) before the Index Episode Start Date (IESD) to 180 days after the IESD (refer to Table SPR-B in the original measure documentation for codes to identify spirometry testing)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 40 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

- In 2007, the total annual estimated cost of chronic obstructive pulmonary disease (COPD) was \$42.6 billion, including almost \$26.7 billion in direct health care expenditures, and \$16 billion in indirect morbidity and mortality costs.
- Spirometry is inexpensive. Diagnostic spirometers can cost about \$2,000; an office spirometer costs less than \$800 and requires even less testing time than diagnostic spirometers.

EVIDENCE FOR COSTS

Chronic obstructive pulmonary disease (COPD) fact sheet. [internet]. New York (NY): American Lung Association; 2006 Aug[accessed 2007 Nov 28].

Ferguson GT, Enright PL, Buist AS, Higgins MW. Office spirometry for lung health assessment in adults: a consensus statement from the National Lung Health Education Program. *Respir Care* 2000 May;45(5):513-30. [118 references] [PubMed](#)

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Health plan members 42 years of age or older as of December 31 of the measurement year who were continuously enrolled 730 days (2 years) prior to the Index Episode Start Date (IESD)* through 180 days after the IESD. One gap in enrollment of up to 45 days is allowed in each of the 12-month periods prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps total (commercial, Medicare) or a one-month gap in coverage (Medicaid)

Index Episode Start Date.* The earliest date of service for any encounter during the Intake Period with any diagnosis of chronic obstructive pulmonary disease (COPD) (refer to Table SPR-A in the original measure documentation for codes to identify COPD).

- *For an outpatient claim/encounter,* the IESD is the date of service.
- *For an inpatient (acute or non-acute) claim/encounter,* the IESD is the date of discharge.
- *For a transfer or readmission,* the IESD is the discharge date of original admission.

***Intake Period.* A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period captures the first COPD diagnosis.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Health plan members 42 years of age or older by December 31 of the measurement year, with a Negative Diagnosis History*, with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD)

**Negative Diagnosis History.* A period of 730 days (2 years) prior to the Index Episode Start Date (IESD) (inclusive), during which the member had no claims/encounters containing any diagnosis of COPD (refer to Table SPR-A in the original measure documentation for codes to identify COPD). For an inpatient (acute or nonacute) IESD, use the date of admission to determine the Negative Diagnosis History.

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Test for Negative Diagnosis History. Exclude members who had a claim/encounter with a COPD diagnosis during the 730 days (2 years) prior to the Index Episode Start Date.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

At least one claim/encounter with spirometry testing in the 730 days (2 years) before the Index Episode Start Date (IESD) to 180 days after the IESD (refer to Table SPR-B in the original measure documentation for codes to identify spirometry testing)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that results are reported separately for the commercial, Medicare, and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Use of spirometry testing in the assessment and diagnosis of COPD (SPR).

MEASURE COLLECTION

[HEDIS® 2010: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

MEASURE SUBSET NAME

[Respiratory Conditions](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Jan

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 6, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on November 15, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 10, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 15, 2010.

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